

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<b>DOCKET NUMBER</b>	<b>ANTICIPATED CLASSIFICATION OF THIS APPLICATION:</b>		<b>PRIOR APPLICATION</b>	
	<b>CLASS</b>	<b>SUBCLASS</b>	<b>EXAMINER</b>	<b>ART UNIT</b>
13033.4USC4	128		UNKNOWN	3738

CERTIFICATE UNDER 37 CFR 1.10:

"Express Mail" mailing label number: EV372667667US  
 Date of Deposit: April 14, 2004

I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: Teresa Anderson  
 Name: Teresa Anderson

19587 U.S. PTO  
 10/825029

CONTINUATION APPLICATION UNDER 37 C.F.R. § 1.53(b)

Mail Stop PATENT APPLICATION  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

This is a request for filing a continuation application under 37 CFR § 1.53(b) of Serial No. 10/629,145, filed on July 29, 2003 entitled METHOD AND APPARATUS TO TREAT CONDITIONS OF THE NASO-PHARYNGEAL AREA by the following inventor(s):

Full Name Of Inventor	Family Name	First Given Name	Second Given Name
	KNUDSON	MARK	B.
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	SHOREVIEW	MINNESOTA	USA
Post Office Address	Post Office Address	City	State & Zip Code/Country
	1309 WEST ROYAL OAKS DRIVE	SHOREVIEW	MINNESOTA 55126/USA
Full Name Of Inventor	Family Name	First Given Name	Second Given Name
	TWEDEN	KATHERINE	S.
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	MAHTOMEDI	MINNESOTA	USA
Post Office Address	Post Office Address	City	State & Zip Code/Country
	1175 ASHLEY LANE	MAHTOMEDI	MINNESOTA 55115/USA
Full Name Of Inventor	Family Name	First Given Name	Second Given Name
	CONRAD	TIMOTHY	R.
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship
	EDEN PRAIRIE	MINNESOTA	USA
Post Office Address	Post Office Address	City	State & Zip Code/Country
	6903 ROS EMILY LANE	EDEN PRAIRIE	MINNESOTA 55344/USA

1. ☒ Enclosed is the application; including the specification, claims, drawings, a signed oath or declaration from the prior application. The continuing application is as follows: 11 pages of specification, 10 claims, 1 page of abstract, 6 sheets of formal drawings, and 4 pages of oath or declaration.

- ☒ The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

2. ☒ The filing fee is calculated below:

**CLAIMS AS FILED**

NUMBER FILED	NUMBER EXTRA		RATE	FEE
TOTAL CLAIMS: 10 -20	0	x	\$9.00	0.00
INDEPENDENT CLAIMS 2 -3	0	x	\$43.00	0.00
			BASIC FILING FEE:	\$385.00
			TOTAL FILING FEE:	385.00

- ☒ Small entity status is claimed pursuant to 37 CFR 1.27.

3. ☒ Payment of fees:  
☒ Attached is a check in the amount of 385.00  
☐ Please charge Deposit Account No. 13-2725.
4. ☒ The Commissioner is hereby authorized to charge any additional fees as set forth in 37 CFR §§ 1.16 to 1.18 which may be required by this paper or credit any overpayment to Account No. 13-2725.
5. ☐ A set of formal drawings ( sheets) is enclosed.
6. ☐ Priority of application Serial No. , filed on in , is claimed under 35 U.S.C. 119.  
☐ The certified copy has been filed in prior application Serial No. , filed .
7. ☒ The prior application is assigned of record to Restore Medical, Inc. located at St. Paul, Minnesota, Recorded at Reel 013706, Frame 0220 and Reel 011037, Frame 0901.
8. ☒ The Power of Attorney in the prior application is to:  
  
Merchant & Gould P.C.  
Minneapolis, MN 55402-2215
9. ☐ A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning with the number next following the highest numbered original claim in the prior application.)  
☐ Fee for excess claims is attached.
10. ☐ A petition and fee has been filed to extend the term in the prior application until . A copy of the petition for extension of time in the prior application is attached.

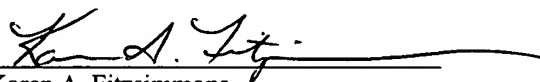
11. ☐ The inventor(s) in this application are less than those named in the prior application and it is requested that the following inventors identified above for the prior application be deleted:
12. ☐ A Nonpublication Request under 37 CFR 1.213(a) is enclosed.
13. ☐ Also Enclosed:
14. ☒ Address all future communications to the **Attention of Karen A. Fitzsimmons** (may only be completed by attorney or agent of record) at the address below.
15. ☒ A return postcard is enclosed.

Respectfully submitted,

MERCHANT & GOULD P.C.  
P.O. Box 2903  
Minneapolis, MN 55402-0903  
612.332.5300



Date: April 14, 2004

  
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Karen A. Fitzsimmons  
Reg. No. 50,470  
KFitzsimmons:PLSklg